## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE 10/577056 APPLICANT(S) FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AFTER AFTER AS FILED **AS FILED** I"AMENDMENT 2 - AMENDMENT I" AMENDMENT 2 ™AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL TOTAL IND. IND. TOTAL TOTAL DEP. DEP. TOTAL. TOTAL CLAIMS

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